



**Department
of Health**

Office of
Health Insurance
Programs

MCO and MLTC: Social Determinants of Health and Community Based Organizations

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Agenda

- VBP Requirements and Social Determinants of Health
- Community Based Organizations in Action
- Positive Progress towards Payment Reform
- Contract Arrangements and Key Contracting Terms
- Reporting SDH Intervention and CBO Contract to DOH
- Facts and Myths of VBP

Webinar Housekeeping

- We will open the call to questions and comments at the end of the webinar.
- Please use the Q&A box to submit questions or comments throughout the webinar.
- We will do our best to address each question within the time that we have.

Quick Refresher: SDH and CBO Requirements

Standard: Implementation of SDH Intervention



*“To stimulate VBP contractors to venture into this crucial domain, VBP **contractors in Level 2 or Level 3 agreements will be required**, as a statewide standard, **to implement at least one social determinant of health intervention**. Provider/provider networks in VBP Level 3 arrangements are expected to solely take on the responsibilities and risk.” (VBP Roadmap, p. 42)*

Description:

VBP contractors in a Level 2 or 3 arrangement must implement at least one social determinant of health intervention. Language fulfilling this standard must be included in the MCO contract submission to count as an “on-menu” VBP arrangement.

Guideline: SDH Intervention Selection



*“The **contractors** will have the flexibility to decide on the type of **intervention** (from size to level of investment) that they implement...The guidelines recommend that selection be based on information including (but not limited to): SDH screening of individual members, member health goals, impact of SDH on their health outcomes, as well as an assessment of community needs and resources.” (VBP Roadmap, p. 43)*

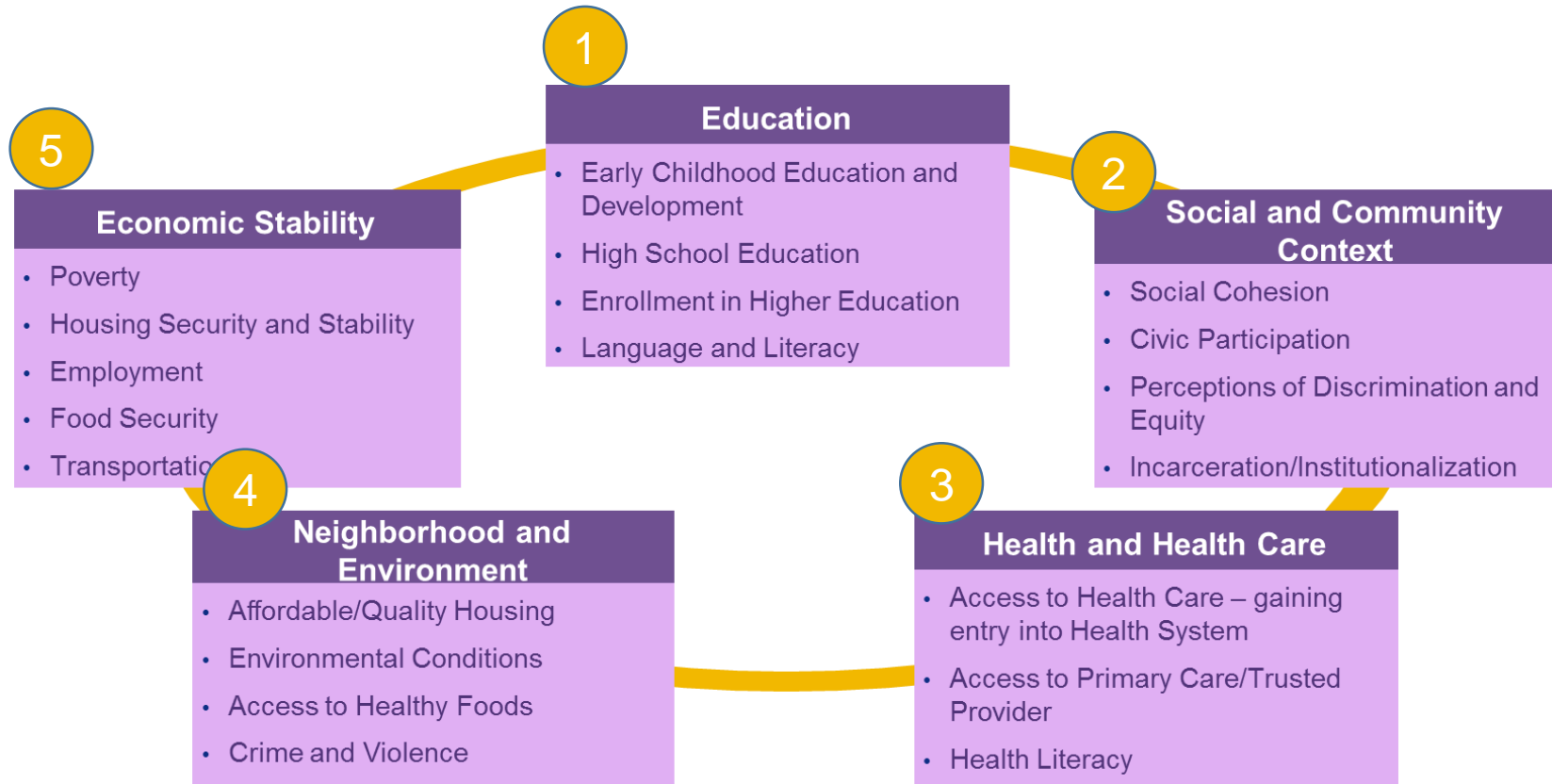
Description:

VBP contractors may decide on their own SDH intervention. Interventions should be measurable and able to be tracked and reported to the State. SDH Interventions must align with the five key areas of SDH outlined in the *SDH Intervention Menu Tool*, which includes:

- 1) *Education*, 2) *Social, Family and Community Context*, 3) *Health and Healthcare* 4) *Neighborhood & Environment* and 5) *Economic Stability*

The 5 Domains of Social Determinants of Health

VBP Contractors **MUST** select a social determinant of health intervention that aligns with at least one of the 5 key areas of social determinants of health, as outlined in the SDH Intervention Menu and SDH Recommendation Report.



The VBP SDH subcommittee created a **Intervention Menu Tool and recommendations** to supply providers with evidence-based interventions that aim to improve SDH: [SDH Intervention Menu](#) and [Recommendations](#) (Appendix C)

Case Study

Philip's Story

- Homeless
- Food Insecure
- Crime History
- Chronic Comorbid Conditions
- History of Substance Abuse
- Cognitive Limitations
- No Informal Support System
- 160 Emergency Room Visits one year prior to intervention

Philip's Story

- Health Home Enrollment (Coordination of Care)
- Supportive Housing Intervention
- Nutrition Intervention
- Reduction in Law Enforcement Interactions
- Reduction in Emergency Room utilization from 160 visits annually to 20 visits the year following the intervention
- Increased access to nutritious food

Housing Security: Outcomes of MRT Supportive Housing

Number of high-need Medicaid recipients served to date: 12,000+

Housing Security: Housing is Healthcare!

Objective

- Medicaid Redesign Team Supportive Housing invests in the social determinants of health to reduce avoidable hospital utilization for high-cost, high-need Medicaid recipients

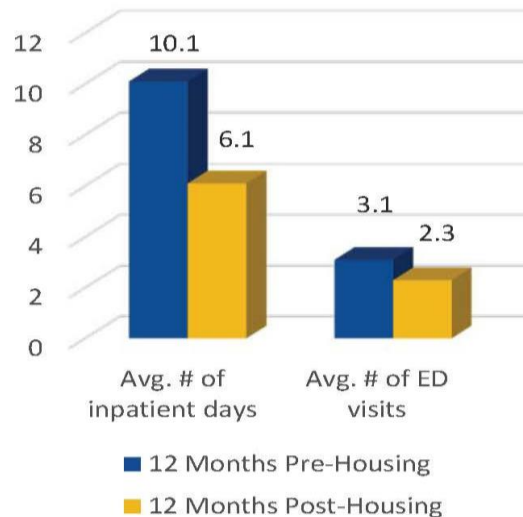
Accomplishments

- 40% reduction in inpatient days
- 26% reduction in emergency department visits
- 44% reduction in patients with inpatient rehab admissions
- 27% reduction in patients with inpatient psychiatric admissions
- Medicaid health expenditures reduced by 15% in one year (average decrease of \$6,130 per person)
- Through strategic prioritization, the top decile of enrollees had average Medicaid savings of \$23,000-\$52,000 per person per year (varied by program)
- 29% increase in care coordination after housing enrollment
- MRT houses extremely vulnerable populations
 - 66% have a serious mental illness
 - 46% of a substance use disorder
 - 40% are HIV+
 - 53% have one or more other chronic medical conditions
 - 26% have at least three of these diagnosis types

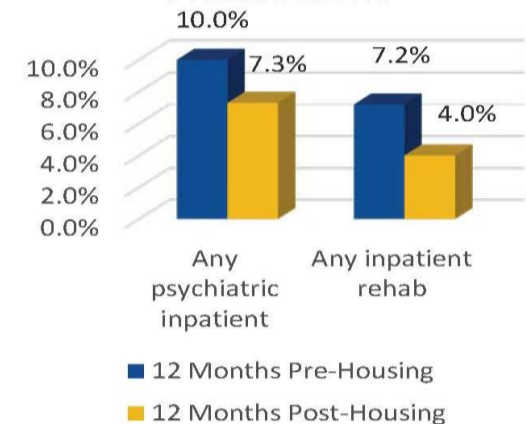
Benefits

- Reduce Medicaid health expenditures
- Improved participant health outcomes and quality of life
- Increased Olmstead compliance statewide

Decreased Inpatient, ED Use



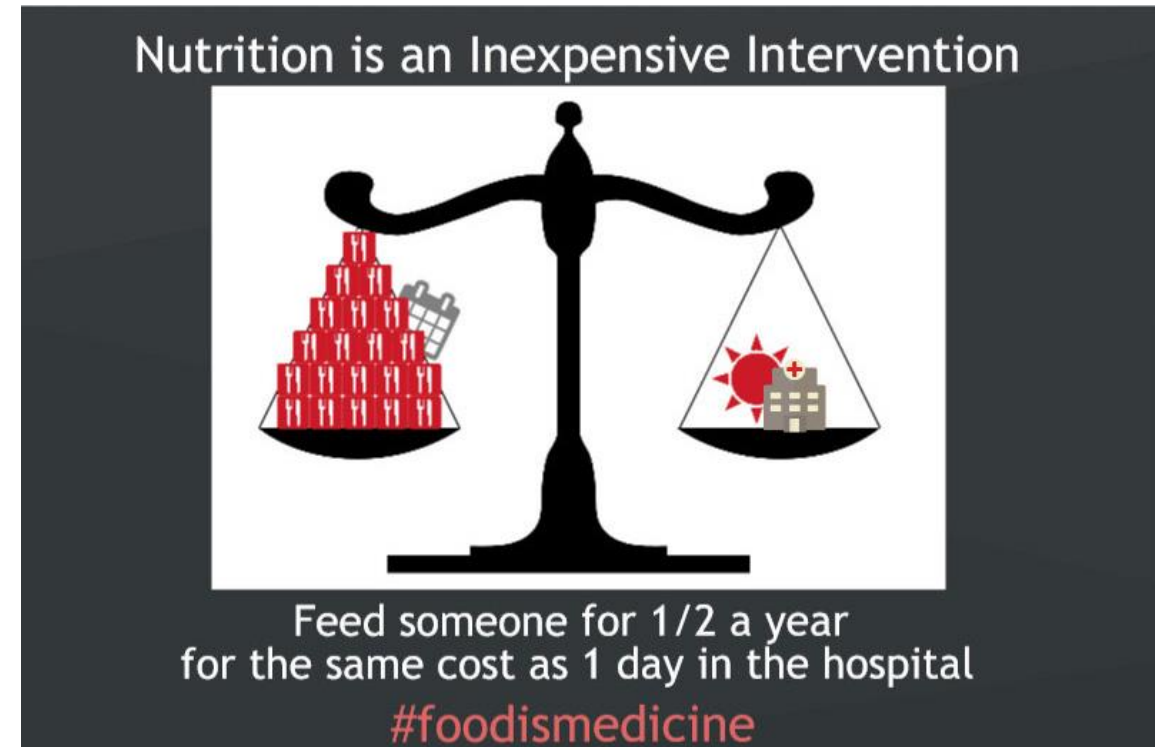
Decreased Percentage of Recipients with Behavioral Health Admissions



Food Security: Outcomes of Medically Tailored Meals (MTM)

God's Love We Deliver Nutrition Intervention Outcomes

- Low-cost/High-impact intervention: Feed someone for half a year by saving one night in a hospital
- Reduce overall healthcare costs by up to 28% (all diagnoses compared to similar patients not on MTM)
- Reduce hospitalizations by up to 50% (all diagnoses compared to similar patients not on MTM)
- Reduce emergency room visits by up to 58% (pre-post MTM intervention)
- Increase the likelihood that patients receiving meals will be discharged to their home, rather than a long term facility (23%) (all diagnoses compared to similar patients not on MTM)
- Increase medication adherence by 50% (pre-post MTM intervention)



Community Based Organizations Standards & Guidelines

Standard: Inclusion of Tier 1 CBOs



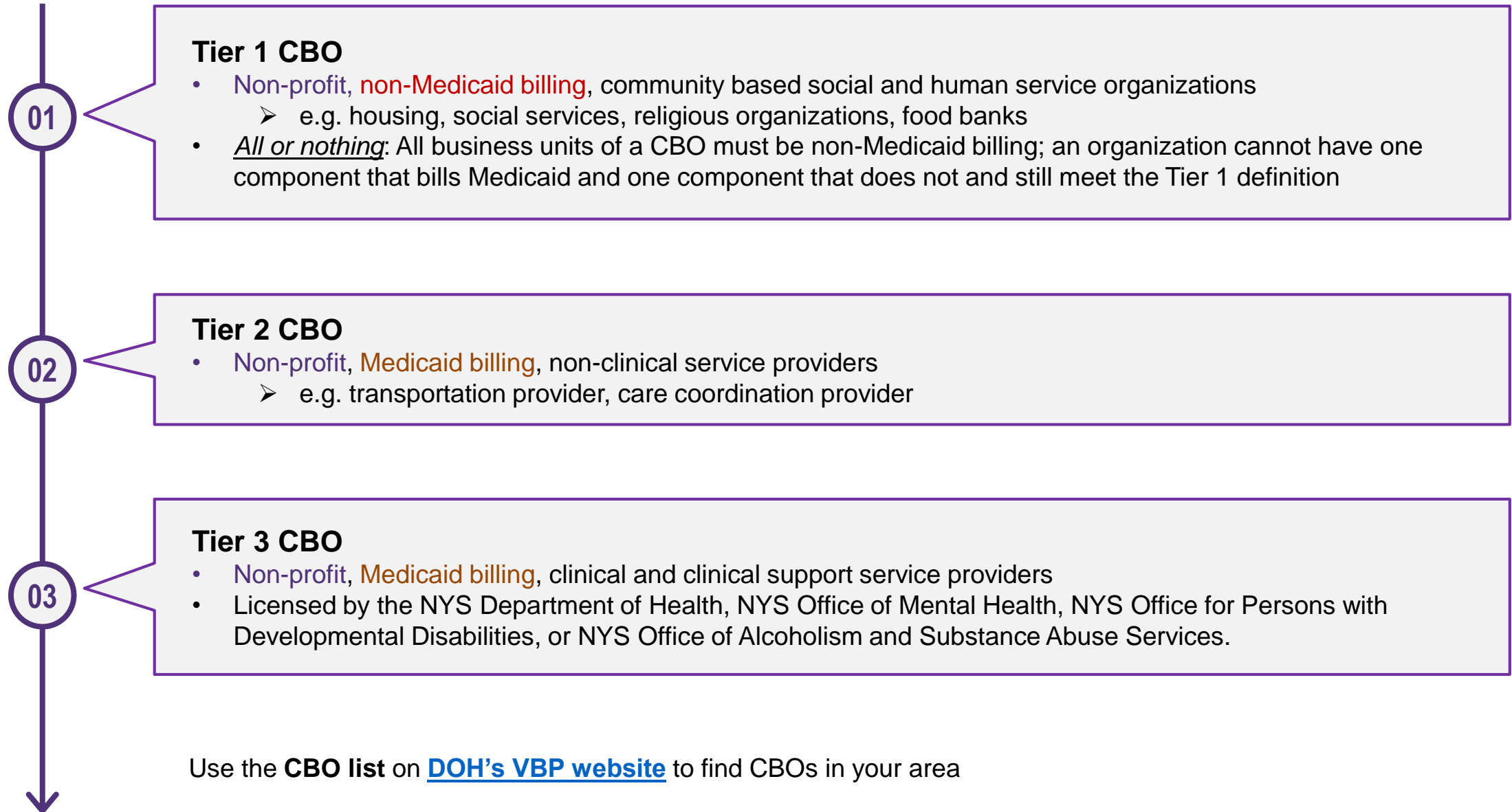
*“Though addressing SDH needs at a member and community level will have a significant impact on the success of VBP in New York State, it is also critical that community based organizations be supported and included in the transformation. It is therefore a **requirement** that **starting January 2018, all Level 2 and 3 VBP arrangements include a minimum of one Tier 1 CBO.**”*
(VBP Roadmap, p. 42)

Description:

Starting January 2018, VBP contractors in a Level 2 or 3 arrangement **MUST contract with at least one Tier 1 CBO**. Language describing this standard must be included in the contract submission to count as an “on-menu” VBP arrangement.

This requirement **does not preclude VBP contractors from including Tier 2 and 3 CBOs in an arrangement to address one or more social determinants of health. In fact, VBP Contractors and Payers are encouraged to include Tier 2 and 3 CBOs in their arrangements.**

Tier 1, Tier 2, and Tier 3 CBO Definitions



Managed Long-Term Care (Partially and Fully Capitated Plans)

- The VBP Roadmap requires MLTC partial capitation plans to move 5 percent and 15 percent of total plan expenditures to Level 2 by April 1, 2019 and April 1, 2020, respectively.
- The Social Determinant of Health Intervention that is addressed can not be a service that is provided under the Managed Long-Term Care (MLTC) benefit.
- Some approvable interventions are: **social transportation, financial literacy, benefit enrollment, and housing location services.**
- MLTC Plans are required to submit an SDH Intervention Template and an SDH Attestation to attest that they are satisfying their SDH and CBO requirements.
- A Tier 1 CBO is defined as a non-profit, non-Medicaid billing entity.
 - An Medicaid Management Information System (MMIS) number is not required for a Tier 1 CBO to participate in a VBP arrangement.

Please send any questions you may have to: MLTCVBP@HEALTH.NY.GOV

Community Based Organizations in Action

Maternity: Prenatal-Perinatal Services

Provided: Home-based programs that promote health, successful parenting & self-sufficiency, intensive case management by workers who use street outreach.

- Cut in half the number of preterm and low birth weight infants, saving more than **\$712,800** annually in local NICU costs
- Ensured **96%** client attendance at prenatal and healthy baby visits
- Accomplished a **77%** breastfeeding rate compared to **39%** of non-participating mothers
- Annually **97%** of children with up to date immunization by first birthday
- **95%** of participants connect to housing, food, and clothing providers
- Achieved **99%** client participation in healthcare insurance and connection to primary care physicians
- **97%** of children have at least 5 well baby visits by 15 months versus the county average of 80.3%.
- 1 of 2 mothers enter/reenter employment
- 1 of 3 mothers resume school
- 1 of 3 children enter Head Start



CASE STUDY

A family of four, the Smith's son has severe asthma with a history of high medical utilization.

Home health hazards included:

- Deteriorated windows with lead;
- High dust-mite levels;
- Mouse infestation;
- High Volatile Organic Compound Use; and
- No vents

Prior to Intervention

- 3 Inpatient Stays (per year on average)
- 1 week (average length of stay)

Post Intervention

- 0 Inpatient Stays

Health Impact

- Reduction in IP, \$48,300 healthcare cost saved and enhanced Health Literacy on asthma triggers

Efficacy and Return On Investment of Asthma Home Visiting Models (AHVM)



Research findings

A systematic review of home-based multi-trigger, multicomponent interventions with an environmental focus indicates that for every \$1 invested, \$5.30 - \$14.00 is returned.¹

Expert recommendations

Based on independent systematic reviews of scientific literature, CDC's Community Preventative Task Force² and NIH's Expert Panel³ recommends home-based interventions for patient care and remediation of environmental triggers.

Michigan MATCH study

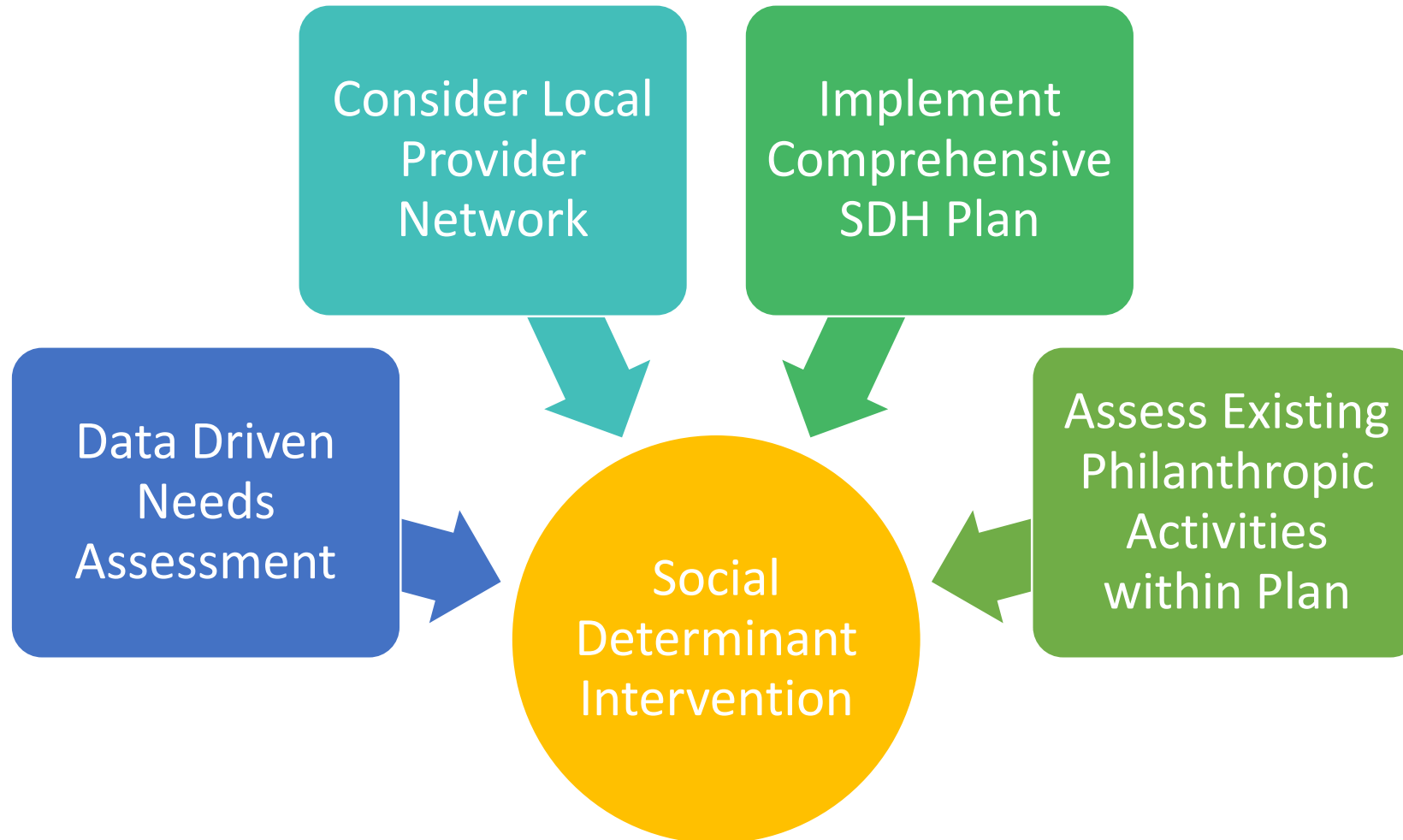
A 2005 pre-post study of 37 Asthma Network patients showed 66% reduction in hospital admissions, 46% reduction in length of IP stay, and 60% reduction in ED visits.⁴

Actuarial analysis

Based on their review of the evidence base, Milliman generated actuarial projections ranging from 25% to 40% annual decrease in per-patient medical utilization.⁵

1. Nurmagambetov, T. A., Barnett et al. (2011). Economic value of home-based, multi-trigger, multicomponent interventions with an environmental focus for reducing asthma morbidity: a Community Guide systematic review. *American journal of preventive medicine*, 41(2), S33-S47.
2. <https://www.nhlbi.nih.gov/health-pro/guidelines/current/asthma-guidelines>
3. <https://www.thecommunityguide.org/content/task-force-publishes-findings-on-home-based-asthma-programs>
4. http://getastmahelp.org/documents/STRANE-MATCH_Evaluation_AE-C_Sharing_Day.pdf
5. Year 1 savings estimates are 25% for pediatric population and 12.5% for adults; annual savings increase in subsequent years.

Pathway to SDH Intervention Implementation



The NYS DOH website has a CBO Directory!

Positive Progress Toward Medicaid Payment Reform

Ryan Ashe
Director of Medicaid Payment Reform, DOH

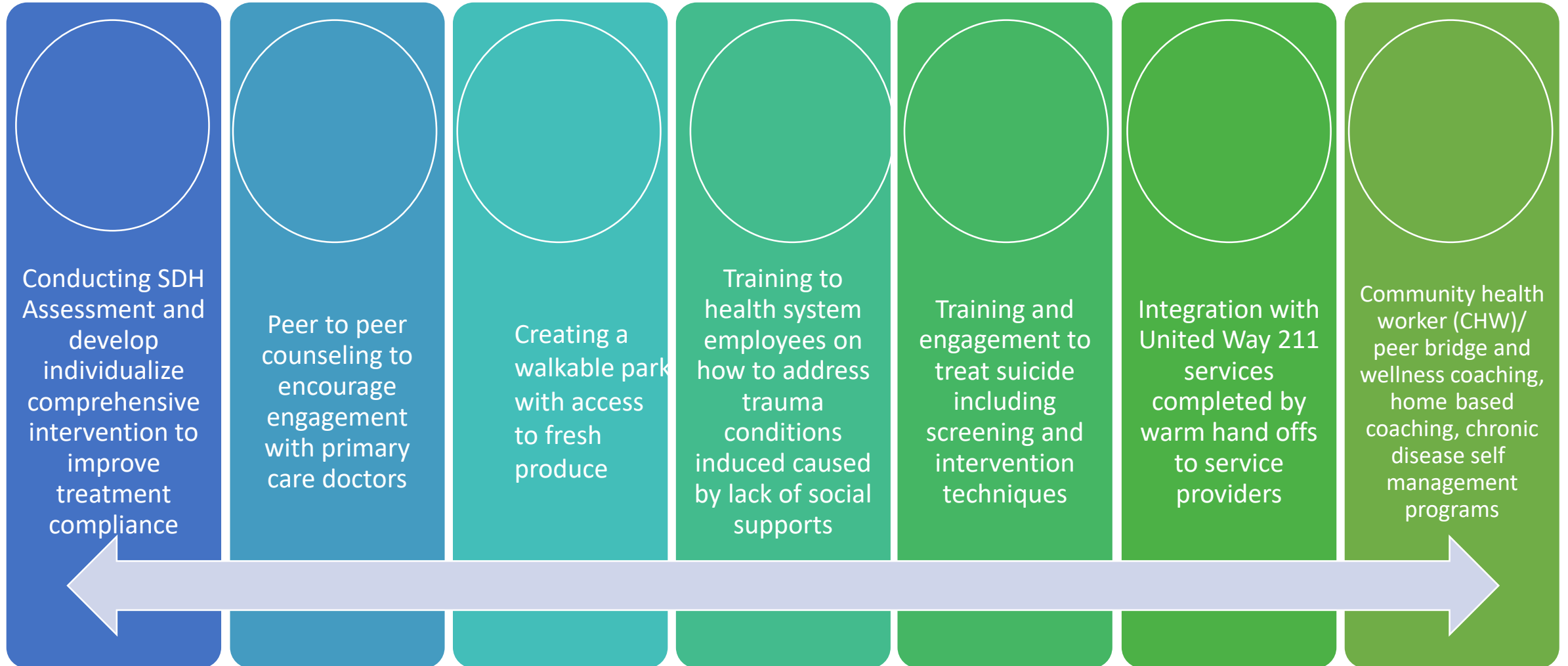
Social Determinants of Health – In Action!

- According to America's Health Insurance Plans (AHIP) Addressing Social Determinants has led to a 26 percent decrease in emergency spending
- WellCare recognized an additional 10 percent reduction in healthcare costs roughly \$2,400 in annual savings per person – for people who were successfully connected to social services compared to a control group.
- Montefiore Health System in the Bronx has tackled the social determinants of health by investing in housing, a move that has cut down on emergency room visits and unnecessary hospitalizations for an annual 300 percent return on investment.



1. What Montefiore's 300% ROI from social determinants investments means for the future of other hospitals. (n.d.). Retrieved from <https://www.healthcarefinancenews.com/news/what-montefiores-300-roi-social-determinants-investments-means-future-other-hospitals>

Addressing Social Determinants - Improving Patient Outcome



Resources Supporting SDH & CBO Engagement in VBP

A number of investments and opportunities exist in NY's Healthcare system that will stimulate uptake in CBO involvement and SDH interventions in the move to value based care.

Connecting CBOs to potential contracting partners:

- DOH has stood up and is actively managing a CBO directory intended to connect partners with a common desire to support population health in VBP
- Hundreds of potential partners can be found here:
https://www.health.ny.gov/health_care/medicaid/redesign/dsrip/vbp_library/cbo_directory.htm
- Additional listing of potential partners may be found here:
https://www.health.ny.gov/health_care/medicaid/redesign/dsrip/vbp_bootcamp/2017-10-10_help_org.htm

CBO Consortiums to support CBO engagement in VBP

- Support CBOs to advance health care redesign and improve quality of life for individuals.
https://www.health.ny.gov/health_care/medicaid/redesign/sdh/index.htm

VBP Education & Outreach

- Number of webinars and educational material is available to MCOs, CBOs and providers

Local Investors

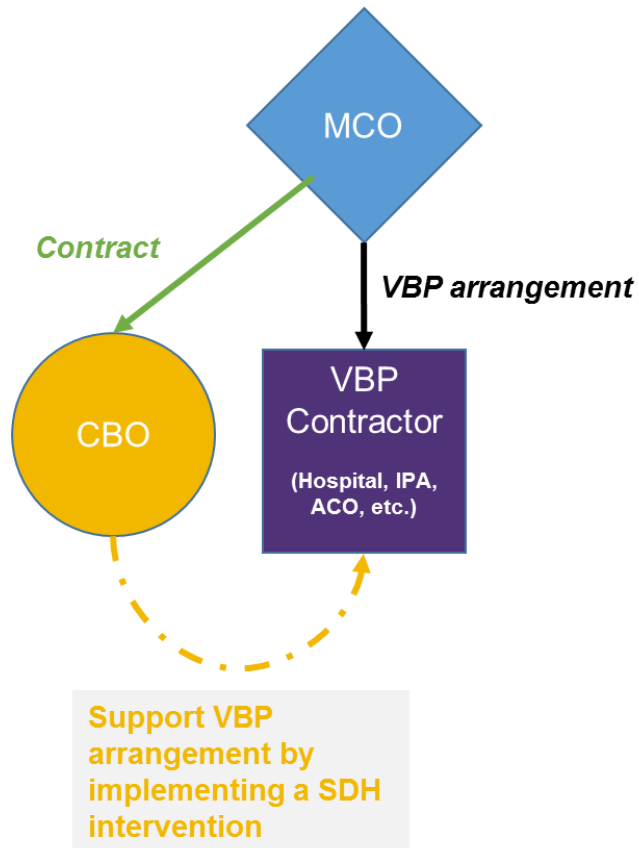
- Foundations, philanthropy and private investment

Contracting Arrangements

CBO Contracting Strategies – Scenario A

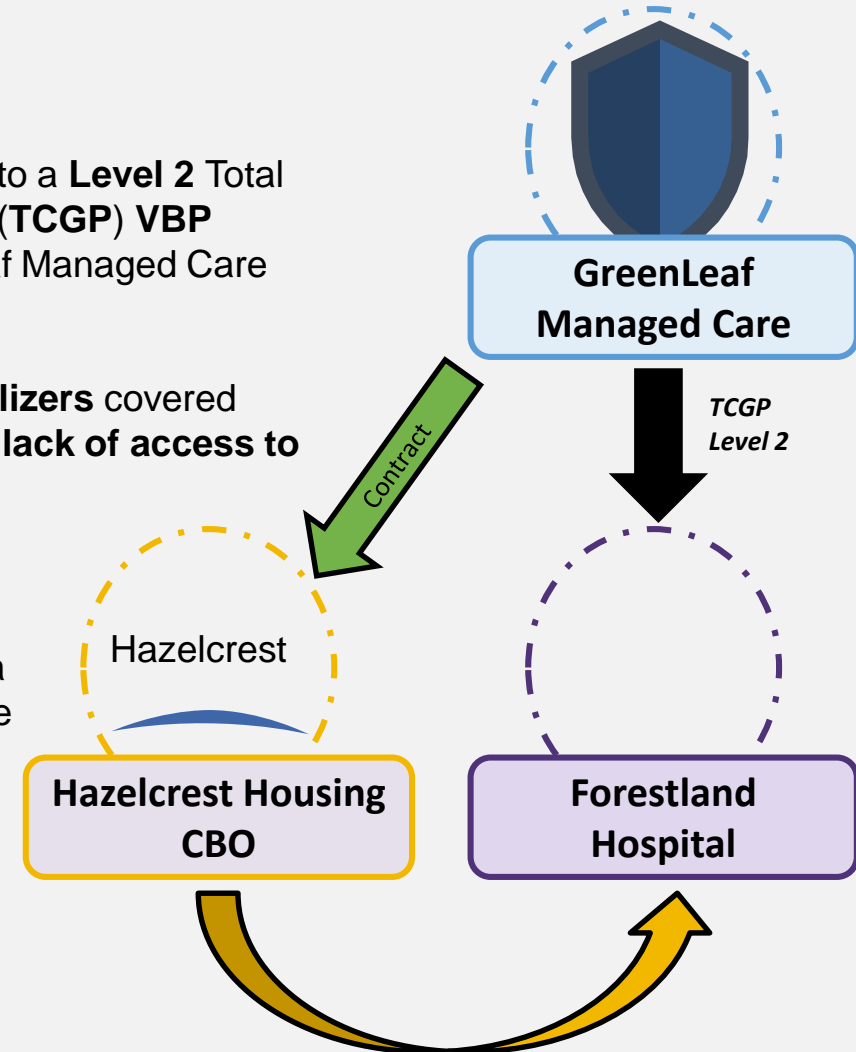
- CBOs may support VBP arrangements by:

A contracting directly with an MCO to support a VBP arrangement



Hypothetical Example

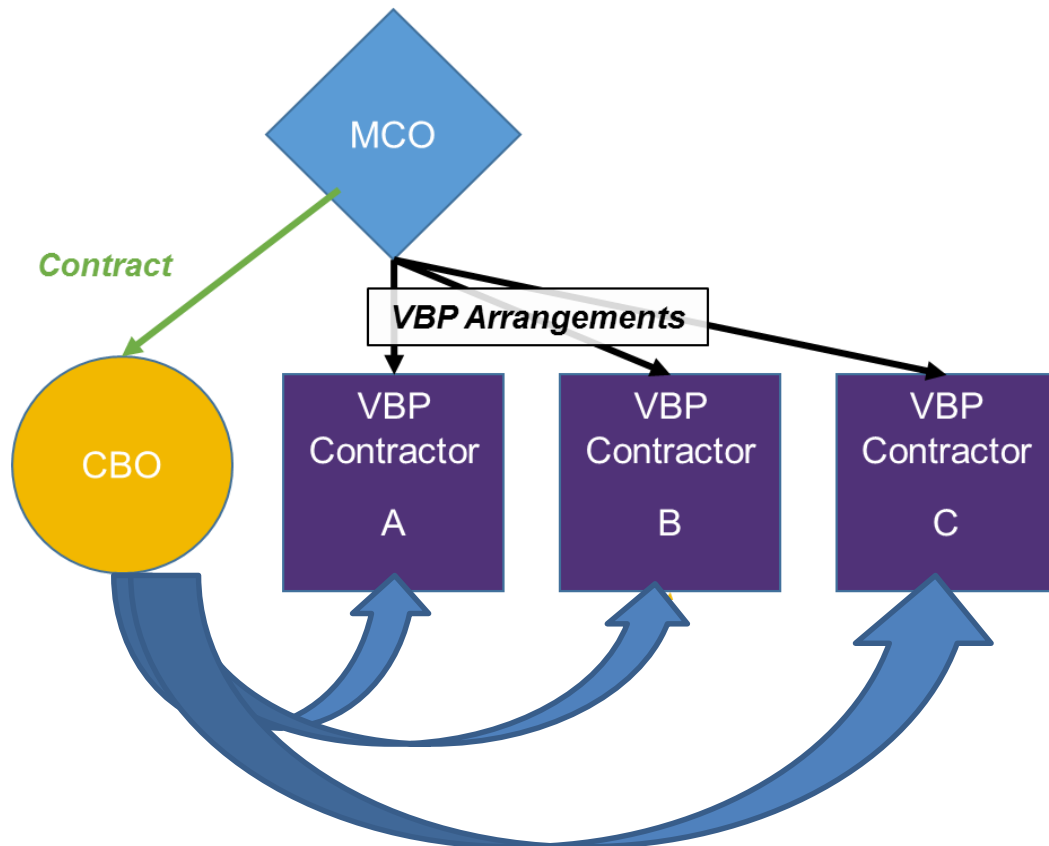
- Forestland Hospital enters into a **Level 2 Total Care for General Population (TCGP) VBP arrangement** with GreenLeaf Managed Care
- Many of the **highest E.D. utilizers** covered under the arrangement have **lack of access to affordable housing**
- Greenleaf contracts with Housing CBO to implement a **Housing Intervention** for the highest utilizers covered under Forestland's VBP arrangement



CBO Contracting Strategies – Scenario B

CBOs may support VBP arrangements by:

- B** contracting directly with an MCO to support multiple VBP arrangements

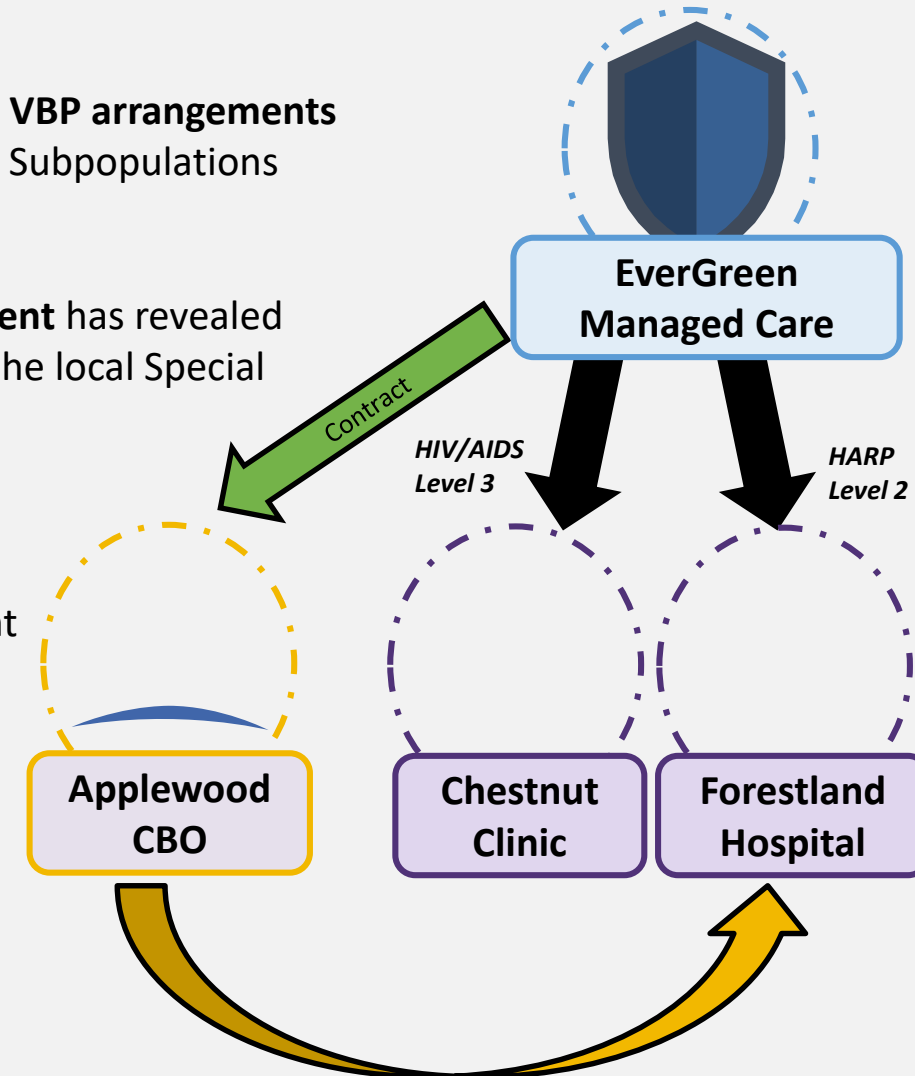


Hypothetical Example

EverGreen contracts **multiple VBP arrangements** targeted at the Special Needs Subpopulations (**HIV/AIDS & HARP**)

A **community needs assessment** has revealed that a large **challenge** facing the local Special Needs Subpopulation is **food insecurity**

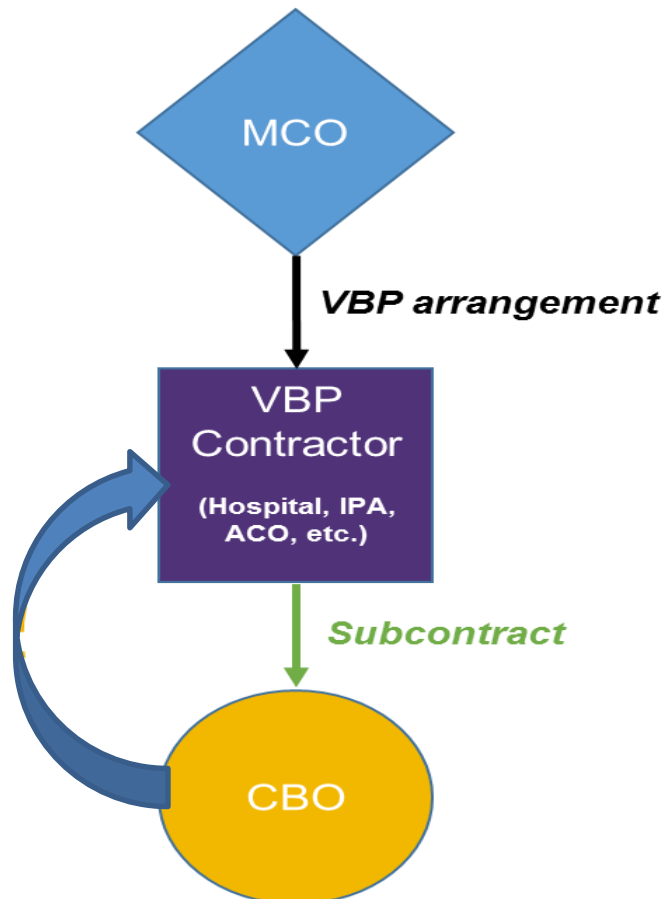
EverGreen contracts with Applewood CBO to implement a **Nutrition Intervention** for the local Special Needs Subpopulation **served by the multiple VBP arrangements**



CBO Contracting Strategies – Scenario C

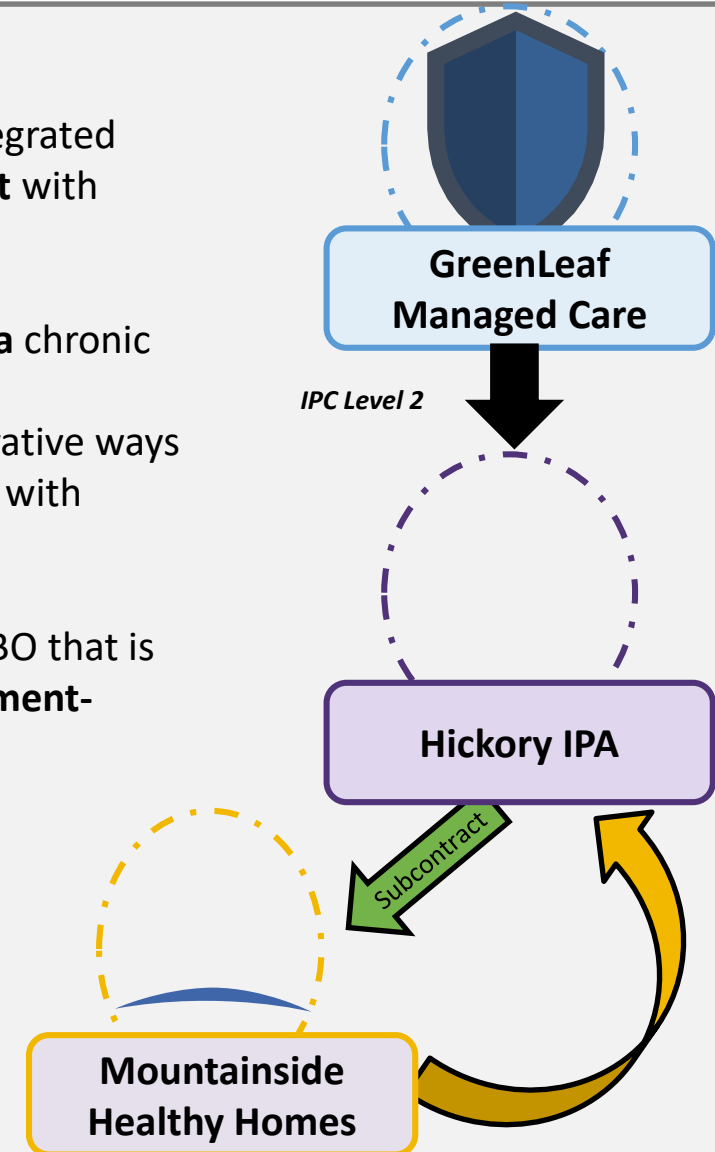
CBOs may support VBP arrangements by:

- C subcontract with a VBP Contractor (Hospital, IPA, ACO, etc.)



Hypothetical Example

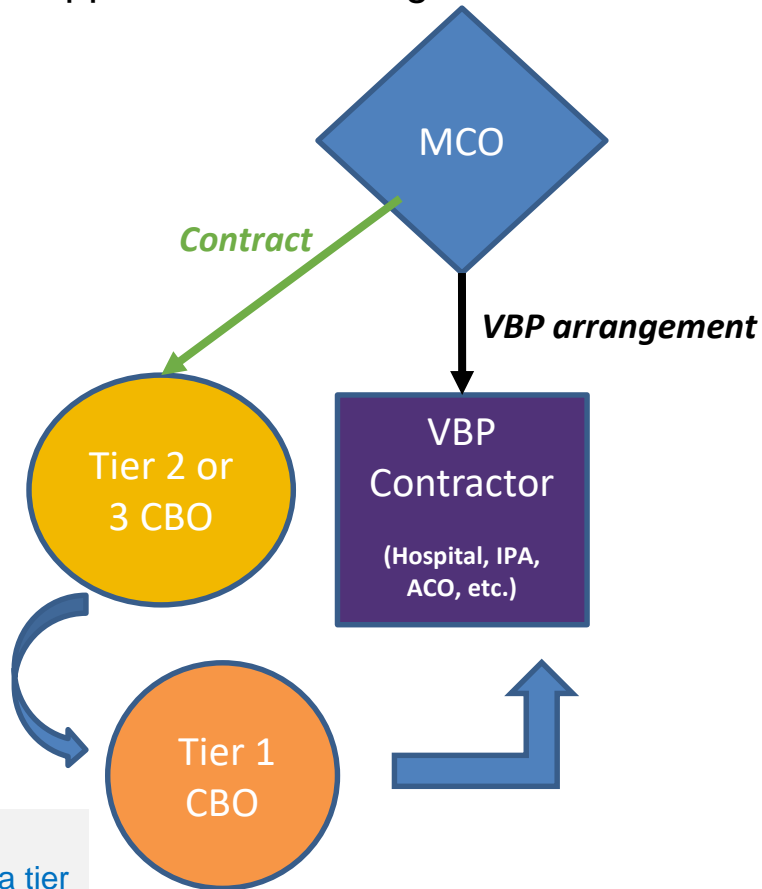
- Hickory IPA enters into a **Level 2 Integrated Primary Care (IPC) VBP arrangement** with GreenLeaf Managed Care
- Hickory IPA is aware that **Asthma is a chronic care episode included in the IPC arrangement**, and is exploring innovative ways to prevent complications associated with asthmatics
- Mountainside Healthy Homes is a CBO that is known regionally for **home environment-based interventions**
- Hickory IPA subcontracts with Mountainside Healthy Homes to **implement home-based interventions targeted at improving air quality in the homes of asthmatics**



CBO Contracting Strategies – Scenario D

CBOs may support VBP arrangements by:

- D multi-tier CBO partners contracting directly with an MCO to support a VBP arrangement



A tier 2 or 3 CBO subcontracting with a tier 1 CBO to support an arrangement.

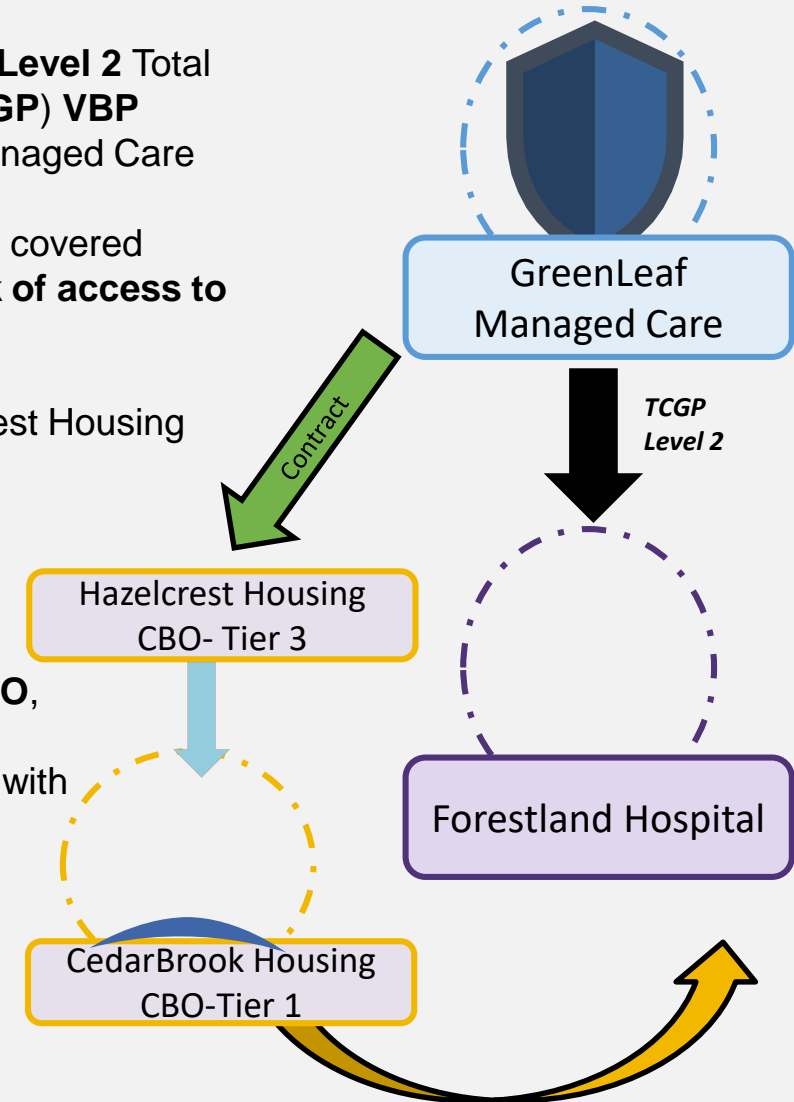
Hypothetical Example

Forestland Hospital enters into a **Level 2 Total Care for General Population (TCGP) VBP arrangement** with GreenLeaf Managed Care

Many of the **highest ED utilizers** covered under the arrangement have **lack of access to affordable housing**

Greenleaf contracts with Hazelcrest Housing CBO to implement a **Housing Intervention** for the highest utilizers covered under Forestland's VBP arrangement

Hazelcrest Housing, a tier 3 CBO, subcontracts with **CedarBrook Housing, a tier 1 CBO,** to assist with implementation of Housing Intervention by covering a specific geographical area.



Key Contracting Terms

Key Items for Contracting

Contract Term

- What is the “Effective Date” of the contract and when does it end?
- Does the contract automatically renew after the initial period?

Contracting Parties

- Use the legal names for each entity in your contract

Scope of Project

- Describe your project implementation
- What services will be provided by the CBO?
- How many people will the intervention target? All members in the arrangement? Members that meet specific requirement?
- How will you evaluate/measure intervention’s success?

Key Items for Contracting

Geographical Area

- What area(s) will the intervention cover

Payment Method

- How will the contracted CBO get paid? Lump sum? Monthly or quarterly reimbursement.
- Are payments tied to specific measures and outcomes? i.e. number of referrals made, number of visits or contact hours, number of patient who are successfully reconnected to healthcare provider.

Reporting and Data Collection

- How often are reports due?
- What data points are collected?
- How will you track the people that are served in the intervention?

Reporting SDH Intervention and CBO Contract to DOH

SDH Intervention and CBO Contract Template

- Template must be submitted and approved in order for contract to be considered Level 2 or 3 VBP arrangement.
- MCO's should submit the SDH/CBO Template with their DOH- Form 4255 to Contract@health.ny.gov
- MLTC's should submit their SDH/CBO Template directly to the MLTC team at MLTCcontract@health.ny.gov.

SDH/CBO Template can be found here:

https://www.health.ny.gov/health_care/medicaid/redesign/dsrip/vbp_library/docs/sdh_intervention_cbo_contract_temp.docx

SOCIAL DETERMINANT OF HEALTH INTERVENTION AND COMMUNITY BASED ORGANIZATION CONTRACTING TEMPLATE



This template is required for reporting for Medicaid Managed Care Value Based Payment (VBP) contracting for Social Determinants of Health (SDH) and Community Based Organization Requirements. The Report must be submitted by the VBP contractor or CBO to Medicaid Managed Care Organization(s) (MCO) as part of the MCO-CBO contracting process. MCOs must include this Report with all Medicaid Value Based Payment Level 2 or Level 3 contract submissions to DOH.

A. Social Determinant of Health Requirement:

1. MCO/VBP Contractor Name and Contact Information

[Click here to enter text.](#)

2. Name of Entity(ies) Implementing the SDH Intervention (including any community based organizations)

[Click here to enter text.](#)

3. SDH Intervention Detailed Description

[Click here to enter text.](#)

4. Project Scope

[Click here to enter text.](#)

5. Geographic Location(s)

[Click here to enter text.](#)

6. Need Assessment (i.e. how has the intervention been deemed necessary for the targeted members/population)

[Click here to enter text.](#)

7. Targeting and Evaluation (i.e. How will the intervention target a specific population, how will the intervention be evaluated, what are the measures of success.)

[Click here to enter text.](#)



7. Targeting and Evaluation (i.e. How will the intervention target a specific population, how will the intervention be evaluated, what are the measures of success.)

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8. Implementation and Timeline

Click here to enter text.

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August 2018



9. SDH Intervention Funding

- a. **Providers (or CBOs) implementing SDH interventions in Level 2 or 3 arrangements shall receive a funding advance (investment or seed money). Please provide a brief overview of the funding advance to include the intent of the funding¹.**
- b. **Describe the payment structure to the CBO or provider.**
- c. **How will utilization of SDH funds be reported to the MCO?**

B. Contract with Tier 1 CBO Requirement:

1. Name of Contracted CBO and Contact Information (if different from Q2.)

Click here to enter text.

2. CBO Contract Term:

Click here to enter text.

3. CBO Service(s) Provided (including direct services and referrals)

Click here to enter text.

Social Determinants of Health and CBO Contacting in VBP: *Facts and Myths*

Facts and Myths



Plans and VBP Contractors can only contract with a Tier 1 CBO to implement SDH intervention

- Plans and VBP contractors can contract with any Tier CBO.
- Some of the most effective and cost saving social determinants of health interventions will have multiple CBO partners.
- A Tier 2 or 3 CBO can subcontract with one or many other CBO's to make an impactful intervention.

Facts and Myths



CBOs can be contracted to support more than one VBP arrangement

- The VBP roadmap does not limit the number of contracts that a CBO can enter. In fact the roadmap encourages providers and provider networks to partner with multiple CBOs.
- CBOs may be contracted to support more than one VBP arrangement as long as the services the CBO provides are aligned with the arrangement.
- Many CBOs are forming CBO hubs, consortiums, and networks.

Facts and Myths



Non-profit, non-Medicaid billing community based social and human service organizations may lose their Tier 1 status if they engage in VBP arrangements

- Tier 1 CBO's providing non-Medicaid billable social services and are not required to become a Medicaid billing entity.
- The VBP provider, MLTC or MCO may bill Medicaid for specific Medicaid services related to the VBP arrangement but this does not make the contracted Tier 1 CBO a Medicaid billing entity.
- If there is a need for a Medicaid billing component, the contracted Tier 1 CBO can partner with a tier 2 or 3 CBO to provide that additional work through Medicaid.
- A MMIS number is not required for Tier 1 CBOs to participate in a VBP arrangement.

Facts and Myths



A plan must provide upfront/ startup funding to the SDH provider

- Upfront/ startup funding is given to the SDH intervention provider for the initial costs to begin the intervention.
- This can be a designated amount for start up costs or a percentage of the contract funds upfront to give the provider funds to start the SDH intervention.

We welcome feedback related to CBO engagement and SDH interventions in your VBP contracts.

Please use the Q&A box to discuss:

- Challenges around SDH and CBO contracting.
- Best practices that have enabled you to engage CBOs or implement SDH interventions.
- Gaps in VBP implementation that if addressed, would facilitate engagement/inclusion of CBOs and SDH interventions.
- Areas the Bureau of SDH can support VBP implementation.

Thank you!

For Additional Information:

[Social Determinant of Health and Community Based Organization Resource Page](#)

[Value Based Payment \(VBP\) Resource Library](#)

Contact Us:

Bureau of Social Determinants of Health

SDH@health.ny.gov